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Region 6

Healthcare Preparedness

CDC State Preparedness Report Highlights Progress & Challenges

CDC Media Relations | Press Release

An inaugural report on public health preparedness released today by the Centers for Disease Control and Prevention (CDC) indicates states have made significant progress with respect to emergency preparedness, but that significant challenges remain. More than \$5 billion of federal funding has been distributed to the nation by CDC to improve public health preparedness & response since 2002.

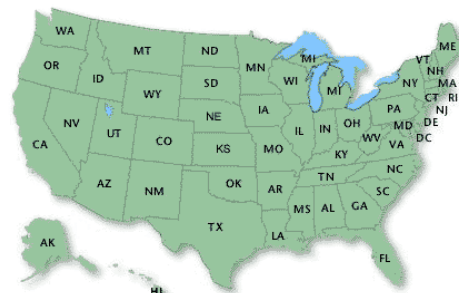
The CDC report, *Public Health Preparedness: Mobilizing State by State*, presents data that illustrate the progress state health departments have made in disease detection and investigation; laboratory testing capabilities; and planning, exercising and responding to public health emergencies. Key improvements from the report include:

- Disease detection and investigation. All state public health departments can now receive urgent reports about disease 24 hours a day, seven days a week. In 1999, only 12 states could do so. In addition, all states share information using the Epidemic Information Exchange (Epi-X), a secure, CDC-based communications system that helps track disease outbreaks. The number of users of this network nationwide has increased from 1,366 in 2001, to 4,646 in 2006.
- Public health laboratories. The number of laboratories that can test and analyze samples has nearly doubled since 2001.

- Response plans. All states have developed detailed emergency response plans to address all hazards, including an influenza pandemic. All states also now have plans to distribute the Strategic National Stockpile's federal caches of pharmaceuticals, antidotes, and medical supplies used for an emergency.
- Training. All public health departments now systematically and routinely train their workers in a wide range of crucial emergency response areas.

CDC's report also provides a better understanding of where the major national and state challenges lie, and the areas where more progress needs to be made. Preparedness challenges include:

- Improving the ability to quickly dispense medicines and vaccines in an affected community
- Increasing the use of electronic health data for preparedness and response by networking surveillance systems



- Improving legal preparedness by helping states and other jurisdictions implement public health mutual aid agreements, which enable sharing of supplies, equipment, personnel, and information during emergencies
- Exercising public health systems to continuously improve capability and demonstrate readiness

The report and state specific information is available on CDC's Web site at:

<http://emergency.cdc.gov/publications/feb08phprep>.

Full Article located:

<http://www.cdc.gov/od/oc/media/pressrel/2008/r080220.htm>

Newsletter Editors

Danica Mann

(206) 947-5565

Danica.mann@overlakehospital.org

Lydia Ortega

(206) 263-8721

Lydia.ortega@kingcounty.gov

U.S. Flu Outbreak Plan Criticized

Washington Post Online | February 2008 | Christopher Lee, Staff Writer

It Does Not Anticipate Strain on Hospitals, Local Health Officials Say

The federal government's voluminous plans for dealing with pandemic flu do not adequately account for the overwhelming strain an outbreak would place on hospitals and public health systems trying to cope with millions of seriously ill Americans, some public health experts and local health officials say.

The Bush administration's plans, which run more than 1,000 pages, contemplate the nightmare medical scenarios that many experts fear, but critics say federal officials have left too much of the responsibility and the cost of preparing to a health-care system that even in normal times is stretched to the breaking point and leaves millions of people without adequate access to care.

The Bush administration argues that it is doing a lot to help communities as part of its three-pronged strategy for dealing with the flu threat. It has doled out hundreds of millions of dollars in preparedness grants for hospitals and public health systems every year, subsidized the stockpiling of antiviral drugs, conferred with governors and encouraged resource-sharing plans among hospitals. Since late 2005, Congress and the president have devoted more than \$6 billion to pandemic flu preparedness, although little has gone directly to states and communities.

The vast majority has been spent on researching vaccines and building the capacity to manufacture and distribute them, and on antiviral drugs and overseas disease surveillance, analysts said. Near the end of 2005, the government also allocated a separate \$600 million, one-time pot of money for pandemic preparedness grants to states and localities, as well as another \$170 million to help states buy antiviral drugs.

Full Article: <http://www.washingtonpost.com/wp-dyn/content/article/2008/02/01/AR2008020103073.html?referrer=emailarticle>



Business Not As Usual: New video helps local businesses & agencies prepare for pandemic flu

Public Health Press Release – James Apa

KING COUNTY, WASHINGTON – Pandemic flu may be out of the headlines, but a new video will help businesses, government agencies and community-based organizations prepare for the ongoing threat of what could be a catastrophic, world-wide event.

Public Health – Seattle & King County has launched *Business Not As Usual: Preparing for Pandemic Flu*, a 20-minute training video to help advance local preparedness efforts.

Created to assist workplace leaders and staff in their pandemic flu planning efforts, the video describes the threat of pandemic flu and what life might look like during an outbreak. It also shows the benefits of being ready, and provides practical tips for creating a plan.

The video is available on-line now at www.metrokc.gov/health/pandemicflu/video. A free DVD can also be ordered, which includes helpful planning materials.

For more information on pandemic flu, visit the Public Health Web site www.metrokc.gov/health/pandemicflu

Privacy and Pandemic Flu Guide

Washington Department of Health

The Association of State and Territorial Officials has published the Privacy and Pandemic Flu Guide to help public health professionals when privacy concerns are raised about activities related to pandemic flu planning and response. The guide offers public health practitioners and lawyers a four-step process that will help them:

1. Determine how activities implicate state and federal privacy laws
2. Fashion solutions for activities that do not conform to those laws
3. Identify laws that might need amending

To read the Guide:

<http://www.astho.org/pubs/Privacyandpandemicflu/guide1.pdf>

New Hospital Standards Needed For Pediatric Flu Vaccines

ScienceDaily | Feb. 2008

A new study finds that many children hospitalized for influenza have had a recent, previous hospitalization that would have provided an easy, convenient opportunity to receive a hospital-based influenza vaccination. The authors suggest that evaluating and establishing industry standards for flu vaccines for hospitalized children could help prevent additional hospitalizations and complications from influenza.

The research team led by Danielle M. Zerr, MD, MPH, medical director of infection control at Seattle Children's Hospital and associate professor of Pediatrics at the University Of Washington School Of Medicine (UWSOM), evaluated the frequency of previous hospitalizations among children hospitalized with influenza. Overall, they found that 23% of children hospitalized with influenza and another complicating illness had a previous hospitalization during the most recent flu-vaccine season. This suggests that reaching those children at highest risk for influenza complications and reducing rates of pediatric hospitalization for influenza may be aided by providing in-hospital vaccinations when children are hospitalized during flu vaccine season.

The study* looked at five years of hospital discharge data from the Pediatric Health Information System (PHIS) database from 2001 through 2006 to determine how many children hospitalized with influenza or respiratory illness had a previous hospitalization during the most recent flu-vaccine season. PHIS is an administrative database developed by the Child Health Corporation of America (CHCA), used by 42 free-standing pediatric hospitals. Subjects included newborns through age 18. Approximately 14,000 cases of children hospitalized with influenza and 170,000 hospitalized with influenza or a respiratory illness were reviewed.

Researchers found approximately 16% of those hospitalized with influenza and 23% of those hospitalized with influenza and another underlying condition had previous hospital admissions during the vaccination season.

*The article "Hospital-Based Influenza Vaccination of Children: An Opportunity to Prevent Subsequent Hospitalization," was published in the February 2008 issue of Pediatrics.



Adapted from materials provided by [Children's Hospital and Regional Medical Center of Seattle](#)

For the full article visit:

<http://www.sciencedaily.com/releases/2008/02/080204085302.htm>



**Pediatric
Terrorism
and Disaster
Preparedness**
A Resource for
Pediatricians

In its recent report on pediatric emergency care, a committee of the Institute of Medicine (IOM) cited a finding that only about 6% of hospitals have the "essential" supplies for pediatric emergencies.

A new comprehensive report serves as a practical resource that pediatricians can consult in planning for and responding to natural disasters and bioterrorist events. A separate summary highlights significant parts of the report for quick reference.

To view the guide visit: <http://www.ahrq.gov/research/pedprep/>

State Issues New “SURGE CAPACITY” Guidelines for Healthcare Facilities

California Department of Health | February 2008 | Suanne Buggy & Lea Brooks

California is the first state in the nation to provide comprehensive guidelines for health care during a catastrophic emergency

SACRAMENTO – California state officials today released the nation’s first comprehensive guidance for how hospitals, other health care facilities and local health departments should respond to a sudden increased demand for services following a catastrophic event. The development of the Standards and Guidelines involved an unprecedented collaboration of representatives from a diverse group of doctors, nurses, allied health professionals, medical ethicists, lawyers, state government agencies and other interested parties from across California. The Standards and Guidelines address a variety of challenging issues such as:



Photo by Kathy Nellis, CDC

- Ethical allocation of limited medical resources -- During a major disaster, the health care community will have to switch from individual care to population-based care. Doctors, nurses, medical ethicists and other members of the health care community helped develop the guidelines on acceptable criteria for resource allocation among patients as well as inappropriate criteria.
- Standards for the delivery of medical care outside of normal settings, including hallways, parking lots, gymnasiums or other alternate care sites.

- Ensuring effective use of medical professionals and volunteers to maximize life-saving efforts during a catastrophic event.

According to the Standards and Guidelines, after the declaration of a state of emergency by the Governor, certain regulations may be waived depending on the nature of the emergency to ensure consistent patient care.

In the coming months, additional guidelines will be released for community clinics, long-term care facilities and licensed health care professionals.

Further information about the Standards and Guidelines for Healthcare Surge during Emergencies, including a downloadable version of the manuals, is available at www.cdph.ca.gov

To View this Article visit:

<http://www.cdph.ca.gov/HealthInfo/news/Pages/PH08-09.aspx>

Report Surveys the Damage of San Diego Fires to Basic Rights

ACLU | www.aclu.org

SAN DIEGO, Calif. -- The ACLU of San Diego & Imperial Counties, Immigrant Rights Consortium, and Justice Overcoming Boundaries released a report revealing patterns of neglect and instances of abuse of some of the area's most vulnerable populations in the rescue and relief efforts. The report, "Firestorm: Treatment of Vulnerable Populations During the San Diego Fires" recounts the positive and negative aspects of the fire response. The report recommends specific reforms to avoid such problems in future disasters. The full report can be found at: www.aclusandiego.org/news_item.php?article_id=000325.

Examples of abuses detailed in the report include:

- In a revealing omission, the reverse 911 calling system, which was widely heralded for its ability to quickly notify people of evacuation orders, delivered messages only in English, despite available technology that could have easily accommodated other languages. As a result, San Diego County's 30 percent Latino population was not adequately notified of the evacuation.
- Although it appears many of the prisons and detention facilities in the south of the County prepared for emergency evacuations and took other precautions, the ACLU received reports from detainees at the San Diego Correctional Facility that they could smell smoke, ash and particulate matter inside the facility, and at least two detainees were forced to seek medical attention due to difficulty breathing.





Hospitals struggle with E.R. crunch

Puget Sound Business Journal (Seattle) | Brad Broberg Contributing Writer

Trying to improve the health care system reminds Dr. Brian Wicks of playing a certain arcade game. "It's like Whac-A-Mole," said Wicks. "You knock one problem down, and another pops up." Congress whacked one mole in 1986 when it forbade hospitals from turning away patients who can't pay or who are covered by Medicare or Medicaid -- a move that stopped parsimonious hospitals from dumping patients of limited means on more charitable hospitals. Right on cue, however, another mole surfaced. More and more people now seek health care from hospital emergency departments, whether or not they have an emergency. That's one big reason ERs are under the gun from coast to coast. "It's the new reality," said Dr. Nancy Auer, chief medical officer at Swedish Medical Center in Seattle. "We are the safety net."

Local hospitals are responding to the tsunami of challenges with a

wave of construction, collaboration and creative thinking.

Expansion or remodeling projects were recently completed or are being planned and constructed at Overlake Hospital Medical Center in Bellevue, Evergreen Hospital Medical Center in Kirkland, Good Samaritan Hospital in Puyallup and Tacoma General/Mary Bridge Children's hospitals. Seattle's Virginia Mason Medical Center is getting ready to demolish a large building just east of its main hospital next month in order to add a 250,000-square-foot structure with a new emergency room designed for quick patient assessment, along with an up-to-date intensive care center and inpatient rooms that can be sealed off for infection control.

In King County, hospitals are collaborating to curb ambulance diversions by agreeing on a mutual policy.

When an emergency department runs out of beds, it is declared "saturated" and unable to accept more patients -- but only for two hours at a time and for no more than six hours every 24 hours. In addition, it still must accept critical and/or unstable patients, even when saturated. Like so many problems in health care, diverting is the end result of a chain reaction.

"Staffing is a big issue," said Chris Martin, administrative director of the emergency department at Harborview Medical Center in Seattle. "It's not that there's not enough (inpatient beds). There's not enough staffing for the demand. A bed is no good to you if it's not staffed."

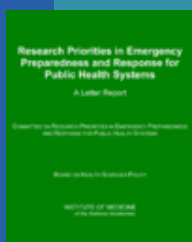
To View the Full Article Visit:

<http://www.bizjournals.com/seattle/stories/2008/01/14/focus1.html?page=1>



Research Priorities in Emergency Preparedness And Response for Public Health Systems

Institute of Medicine



The Institute of Medicine (IOM) recently convened a committee to articulate gaps in knowledge and make recommendations regarding research priorities for improving emergency preparedness and response systems in public health.

The report, *Research Priorities in Emergency Preparedness and Response for Public Health Systems*, is now available to view or download on the [IOM website](http://www.iom.edu).

New Training Module Available, Emergency Distribution of Pharmaceuticals

Northwest Center for Public Health Preparedness

In late February 2008, Northwest Center for Public Health Practice released a new online module, [Emergency Distribution of Pharmaceuticals](#). The module is designed to orient public health workers to the process of mass dispensing of medications and vaccines, and covers when mass dispensing might be necessary, resources that are available, and logistics of dispensing, including Points of Distribution.

Description

During an emergency, public health workers may be called upon to help dispense medicine or medical supplies. Find out what is involved in the process of mass dispensing of medications, vaccines, or other medical supplies. This module outlines situations in which mass dispensing is necessary, and discusses the logistics of providing medications to large populations.

Objectives

After completing this module, participants should be able to:

- Describe the role of medications, vaccines, and medical supplies in response to a public health emergency, such as an act of terrorism, a natural disaster, or an influenza pandemic.
- List and describe the pharmaceutical resources available for public health crises and describe how these resources could be used within local communities.
- Describe the purpose and general process flow of a mass dispensing clinic or a point of distribution (POD).
- Explain the roles of public health staff and volunteers in a POD.

This course is co-provided by the University Of Washington School Of Nursing and The University of Washington School Of Nursing. Participants who successfully complete the course are eligible to receive a certificate for 1.0 contact hours for a processing fee of \$35



Accessing this module:

The Northwest Center for Public Health Practice modules are accessed through a secure learning environment called PH LearnLink, which allows you to keep track of your learning experiences as you take the modules.

King County 9-1-1 chosen for national pilot program

King County Office of Emergency Management

New technology allows for text, data, and video communications



King County, WA – King County's Enhanced 9-1-1 System has been selected by the U.S. Department of Transportation as one of five 9-1-1 centers nationally to participate in a pilot project of [Next Generation 9-1-1](#). This new system would allow 9-1-1 centers to accept emergency calls via text, data, and video. The Next Generation pilot project is expected to begin in April, 2008 and will last approximately three to six months, however full implementation of such a system is still at least two years away.

The growth of both cellular and Voice-over-Internet-Protocol (VoIP) telephones has underscored the limitations of the current 9-1-1 infrastructure. The current system cannot handle the text, data, images, and video of modern personal communications, and must be completely upgraded to make this possible.

King County was selected from over 50 applicants from across the country due to its sound infrastructure, strong relationships with local, state, and national partners, as well as the technical readiness of program staff.

Winter is still with us. So is flood season

FEMA | February 2008 | [» 2008 Region X News Releases](#)

SEATTLE, Wash. - Winter is far from over, and with mountain snow packs at record levels, emergency management officials are reminding residents that personal preparedness remains a priority in the Pacific Northwest. Federal Emergency Management Agency Regional Administrator Susan Reinertson advises homeowners to take action before warming temperatures or prolonged precipitation force floods.

"Now is a good time to inventory and restock those all-important 72-hour emergency kits with fresh water, food, prescription medication, flashlight and radio batteries and all the rest of our emergency supplies," said Reinertson. "Disaster can strike without warning, and since you don't know where you'll be when it does, it is a good idea to keep disaster kits at home, in your auto and at work. It's not about paranoia. It's all about being a prudent and responsible person, parent, and neighbor. It's about being part of the solution if the power fails or the bridge goes out."

Flooding is the leading cause of property loss from natural disasters, and in addition to being prepared to operate independently for at least 72 hours in case of temporary infrastructure failures, Reinertson recommends flood insurance, available through the National Flood Insurance Program (NFIP) as an essential resource in recovering after a flood.

Flood insurance covers structural elements and contents (purchased separately) for all insurable residential and non-residential buildings. Policies can be purchased from any licensed insurance agent or broker. Maximum coverage for single-family homes is \$250,000 for the structure itself, and \$100,000 for contents. Renters can also insure their personal belongings for up to \$100,000. Businesses can insure buildings for up to \$500,000 for the structure, and contents for up to \$500,000.

The NFIP is self-supporting, with all claims and operating expenses paid from policy premiums, not tax dollars. For information about the NFIP, contact your insurance agent, or call toll free: **1-800-427-4661**.

Washington Flood Potential

Western Washington does not have a history of pure snow melt flooding. Snow melt is a secondary contribution to potential flooding. It doesn't increase the chances of a big flood occurring so much as if a flood does occur; it can increase the severity to some degree.

As of Feb 1, western Washington river basin snowpack statistics show snow depths were running close to 150% of normal. The snow water equivalents as of February 5 were similar, ranging from around 110 to 165% of normal.

The snow pack density is therefore at normal or seasonal levels and can accept rain water and behave like a sponge more readily than if it were much more dense or wet.

Current snow pack statistics updated daily by NRCS -
<http://ftp.wcc.nrcs.usda.gov/data/snow/update/wa.txt>

Are you Ready for a Flood or a Flash Flood?

The American Red Cross in partnership with the National Oceanic & Atmospheric Administration and FEMA have developed a bulletin that addresses how to prepare for Floods and Flash Floods. The resource can be downloaded from http://www.redcross.org/static/file_cont180_lang0_80.pdf.

SPOTLIGHT On South King County

Earthquake Drill Draws a Fair Shake

Jacinda Howard | Federal Way Mirror

Descriptions of a rolled school bus, collapsed library and burning wastewater treatment plant were reported to the Emergency Operations Center on March 5 during the Sound Shake 2008 earthquake drill. Representatives from Federal Way, South King Fire and Rescue, Lakehaven Utility District, Federal Way Public Schools, Federal Way police and Community Organizations Active in Disasters (COAD), along with volunteers, worked as an emergency team as they prepared for a catastrophic earthquake. Varying exercises were conducted across the Puget Sound region by cities and agencies in Snohomish, King and Pierce counties.

Six teams were each charged with assessing the damage of public facilities, such as the King County Regional Library, schools and fire stations. As locations were checked for visible and significant damage, the teams reported the destruction via radio back to the EOC members at City Hall.

The city-wide damage assessment was then passed on to a planning team in the next room. Long tables, bright yellow vests, cords, cables, telephones and electronics were plentiful.

An operations team received the damage reports. Together, the members decided what resources were needed and how best to allocate those resources. In an actual emergency, these men and women would decide, for example, how many fire engines were needed in the city, where they were needed and what jurisdictions could provide the engines, Thorson said.

Thorson said he was impressed that each of the agencies involved in the drill worked well together and decided as a group how best to manage the simulated emergency. "There were no turf battles," Thorson said. "We came together and worked as a team."

Though Federal Way has participated in Sound Shake exercises in the past, this was the first year the EOC operated in this fashion. In prior years, the focus has been on educating the public on how to personally prepare for an earthquake and provide for up to three days following the disaster, Thorson said. "In this one, we chose to take it a step farther," he said. "We activated and had a simulation."

This will help EOC members better prepare and gain confidence in their abilities to handle a significant earthquake, were it to rumble Federal Way, Gross said.

To View the Full Article Visit: <http://www.fedwaymirror.com/portals-code/list.cgi?paper=91&cat=23&id=1170375&more=0>

Point Of Interest

A local disaster due to natural causes, the Nisqually Earthquake, was associated with a 45% increase in the number of sudden cardiac deaths during the first 48 hours after the earthquake in the affected counties in Washington.

Taken from Disaster Events and the Risk of Sudden Cardiac Death: A Washington State Investigation

Laura S. Gold, MSPH; Leslee B. Kane, BS; Nona Sotoodehnia, MD, MPH; Thomas Rea, MD, MPH



Seattle Mayor Greg Nickels is seen explaining the workings of the city's new emergency management center – Photo Courtesy of KOMOTV online

A look inside Seattle's new emergency management center

KOMOTV Online | Bryan Johnson

SEATTLE -- The city unveiled its new Emergency Management Center with a tour for the news media and a comment from Mayor Greg Nickels. A city study after the quake showed that at least a dozen fire stations could be seriously damaged or destroyed by a longer, similar magnitude quake. In 2003, Seattle voters approved a \$167-million levy to fix up the fire stations and construct a new emergency operations center away from the area of downtown subject to liquefaction during an earthquake.

For Full Article visit: <http://www.komotv.com/news/local/16055637.html>

KING COUNTY HEALTHCARE COALITION

The Healthcare Coalition is a network of healthcare organizations and providers that are committed to coordinating their emergency preparedness and response activities. The purpose of the Coalition is to develop and maintain a comprehensive system that assures coordination, effective communications, and optimal use of available health resources in response to emergencies and disasters.

WORKGROUP	STAFF
Coalition Development	Cynthia Dold, (206) 263-8715, Cynthia.dold@kingcounty.gov
Coalition Program Assistant	Que Mathis, (206) 263-8713, Que.Mathis@kingcounty.gov
Grant & Contracts	Lydia Ortega, (206) 263-8721, Lydia.Ortega@kingcounty.gov
Alternate Care Facilities	Tony Cebollero, (206) 263-8718, Anthony.Cebollero@kingcounty.gov
Critical Care Planning	Lewis Robinson, MD, (206) 263-8716, robinson@u.washington.edu
Hospital Preparedness	Danica Mann, (206)947-5565, Danica.mann@overlakehospital.org
Infectious Disease Group	Jeff Duchin, MD, (206) 263-8171, Jeff.duchin@kingcounty.gov
Legal Workgroup	Amy Eiden, (206) 296-9015, amy.eiden@kingcounty.gov
Long Term Care	Carlos Dominguez, (206) 263-8710, Carlos.Dominguez@kingcounty.gov
Medical Directors Committee	Jeff Duchin, MD, (206) 263-8171, Jeff.duchin@kingcounty.gov
Behavioral Health Planning	Michelle McDaniel, (206) 263-8712, Michelle.McDaniel@kingcounty.gov
Palliative Care Workgroup	Kay Koelemay, MD (206) 263-8188, Kathryn.Koelemay@kingcounty.gov
Call Center Coordination	Joe Cropley, 206-517-2383, cropley@wapc.org
Pediatric Workgroup	Kay Koelemay, MD (206) 263-8188, Kathryn.Koelemay@kingcounty.gov
Regional Medical Resource Center	Allison Schletzbaum, 206-744-6213, aschletz@u.washington.edu
Volunteer Management System	Bryan Heartsfield (206) 263-8716, Bryan.Heartsfield@kingcounty.gov
Coalition Special Projects Manager	Onora Lien (206) 263-8717, Onora.Lien@kingcounty.gov

Registration
is still
open!

Business Resiliency Workshops

Increase Your Organization's Ability to Bounce Back From An Emergency!

Public Health - Seattle & King County & the King County Healthcare Coalition have training & financial support available for non-hospital healthcare organizations serving King County to develop and enhance their resiliency in an emergency.

Opportunity includes a Two-day Business Resiliency workshop: Learn the fundamentals of business preparedness and how to easily accomplish critical preparedness activities. (Receive Up to \$1,000 to cover staff costs for attending workshop.)

Organization must provide direct care to at least one of these non-hospital treatment sectors: mental health, substance abuse, nursing homes, home health, home care, boarding homes, adult family homes, pediatric care, community clinics, palliative care, other specialty services (e.g., dialysis, providers, blood centers, poison centers, surgical centers)

For information on how to register contact: Lydia Ortega at Lydia.ortega@kingcounty.gov or 206.263.8721



Upcoming Meetings

- **KCHealthTrac/ Mental & Substance Abuse Workgroup**

March 25, 2008

1:00 – 3:00pm

- **Palliative Care Workgroup**

March 26, 2008

10:00 – 12:00pm

- **Region 6 Emergency Preparedness Meeting**

March 27, 2008

7:30 -10:00 am

- **Zone 3 - Emergency Managers Meeting**

April 9, 2008

11:30 am - 1:30 pm

- **Business Resiliency Workshops**

April 16-17th

9:00 – 4:00 pm

- **Seattle EOC Meeting**

April 17, 2008

2:30 – 4:00pm

Workgroup & Committee Updates

Outlined below are current updates for some of the King County Healthcare Coalition committees and workgroups. Please consult the Healthcare Coalition website for additional information.

Behavioral Health

- A workgroup was launched in February to assist with configuring KC Healthtrac for use by mental health & chemical dependency providers. The workgroup includes representatives from agencies such as Community Psychiatric Clinic, Center for Human Services, Valley Cities Mental Health, and Recovery Centers of King County, Evergreen Treatment Services, Crisis Clinic and Sound Mental Health. Due to meeting twice per month, it is expected that the team will complete its work in April.

Hospital Preparedness Committee

- The Hospitals have been preparing for Soundshake 2008 and participated in the exercise on March 5th. Many practiced EOC operations, including the use of KCHealthTrac.
- Dispensing Planning workshops are under development and will be offered in May in each zone. These will assist in planning for the full scale exercise in November.
- Hospital Codes are under review to assess the possibility of some standardization across the county. Top 5 codes called are currently the focus.
- Regional Medical evacuation planning is underway. The kick off task force meeting in February was very successful. A series of focus areas and workgroups will continue to meet and address specific issues such as transportation, medical supplies, pharmaceuticals and health information management.

Long Term Care

- A third effort is now underway to encourage LTC providers to apply for the Coalition Non-Hospital Emergency Preparedness grants. A key message is that providers will benefit from a two-day business resiliency workshop that the Coalition will be providing beginning in mid April of 2008. Information has gone out via e-mails, phone calls, as well as advertised through DSHS/ADSA's websites and presented to groups of providers during regular group meetings.

Palliative Care Workgroup

- The workgroup continues development of the following:
 - Triage and management protocols and algorithms for use by call center advice lines, emergency responders and alternate care facility providers
 - Patient and family educational materials to be available in multi-media format
 - Training modules to facilitate surge capacity through volunteer caregivers
 - Pharmaceutical support planning

Pediatric Workgroup

- Various task forces are tackling preparedness planning issues as they relate specifically to children:
 - mental health
 - perinatal planning
 - schools and daycare facilities
 - triage and critical care
 - children with special needs and disabilities
- In addition, a pediatric representative has been added to the Alternate Care Facilities Workgroup and to the Pharmaceutical Task Force. Work proceeds on the challenging problem of distribution of pediatric hospital beds and services throughout the county.

Puget Sound Call Center Coordination

- Funding from a CDC pandemic grant is being pursued for continuation and expansion of call center work, including phone technology, software, and clinical script consultation.
- Joe recently presented to Snohomish County Emergency Management's Community Emergency Response Team (CERT) volunteer leaders in February regarding potential opportunities to assist with information hotline staffing.

Training Opportunities

Note: The following list of available training opportunities are provided for your interest. Making each opportunity known as available is not necessarily an endorsement as to the value of each training.

Hospital Train the Trainer Decontamination Course

Date: April 9, 10, and 11

Cost: TBA

Location: Courtyard Marriott Richland, WA

For more information contact Peggy Shapiro, Washington State Hospital Association

PeggiS@wsha.org

ICS 300-400 Training

ISC 300: Duvall, April 23-24

ICS 300: Kirkland, June 2-3

ICS 400: Kirkland, June 11-12

For more information contact Mike Ryan at MRyan@bellevuewa.gov

The Advanced Burn Life Support (ABLS) Provider Course

Date: April 12, 2008

Cost: TBA

Location: Harborview Medical Center

An eight-hour course for physicians, nurses, physician assistants, nurse practitioners, therapists, and paramedics. For more information contact Katie Warner at twillega@u.washington.edu

A Seminar for Firefighters, Police, 911 Operators & Emergency Management Personnel

TACOMA: (8:30 a.m. - 12:00 p.m.) March 26, May 22, July 23, Sept. 5

SEATTLE: (8:30 a.m. - 12:00 p.m.) March 21, May 12, May 16, July 14,

July 18, Sept. 8, Sept. 12



This interactive half-day course includes: A live demonstration of the characteristics of natural gas and high-voltage electricity, How to identify and manage a variety of emergency situations involving PSE facilities, & An overview of PSE's response coordination and procedures

Specimen Collection for Chemical Terrorism or Exposure Events

Shoreline: April 21st, 2008 - 2 to 4 pm

Seattle: April 23rd, 2008 - 10 to 12 Noon

Lakewood: May 7th, 2008 - 9 to 11 am

Tacoma: June 27th, 2008 - 2 to 4 pm

This two hour course is designed for personnel responsible for the collection, storage, labeling, packaging and shipping of diagnostic blood and urine specimens collected during a chemical terrorism or exposure event.

For more information contact: pht.training@doh.wa.gov

Upcoming Conferences

Note: The following list of available conference opportunities are provided for your interest. Making each opportunity known as available is not necessarily an endorsement as to the value of each conference.

2008 Virginia Emergency Management Conference

March 11-14, 2008

Location: Hampton, VA

The Virginia Emergency Management Conference is designed for anyone whose professional interests involve prevention, preparation, response, and recovery from emergencies and disasters, both natural and man-made.

For more information, see: <http://www.vdem.state.va.us/newsroom/events/2008VEMCRegBrochure.pdf>

2008 NDMS Training Summit

March 15-19, 2008

Location: Nashville, Tennessee

An annual education and training event that supports the development of NDMS, State and local systems, and serves as a clearinghouse for emergency, health, and medical service expertise.

For more information please visit:

<http://www.ndms.chepinc.org/faqs.shtml>

Partners in Preparedness

April 1-2, 2008

Location: Tacoma Convention Center

For more information, visit:

<http://capps.wsu.edu/conferences/emergencyprep/>



2008 Annual Emergency Preparedness Conference

April 8-9, 2008

Location: Alexandria, Virginia

Because each health care organization and community are unique in the emergencies they face and the resources they possess, this conference will provide the foundation from which each participant can build and/or enhance their state of readiness through the knowledge they gain and the tools provided.

For more information, visit: <http://www.jcrinc.com/27006/Programs2008/28380/>

National Radiological Emergency Preparedness Conference

April 7 – 10, 2008

Location: Las Vegas, Nevada

For More Information, visit:

<http://www.nationalrep.org/>

National Earthquake Conference

April 23 – 26, 2008

Location: Westin Hotel, Seattle

For More Information, visit:

<http://capps.wsu.edu/conferences/earthquake/>



7th UCLA Conference on Public Health and Disasters

May 18-21, 2008

Location: Torrance, California

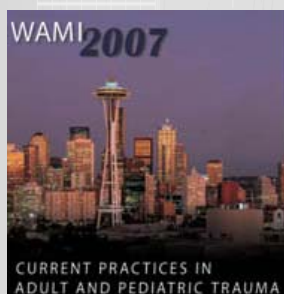
For More Information, visit: www.cphd.ucla.edu

WAMI Trauma Conference 2008

June 2-3, 2008

Location: Seattle, WA

This two-day multi-disciplinary conference highlights current issues in trauma care throughout the continuum: pre-hospital, emergency, critical care, acute care, and rehabilitation.



11th Annual Emergency Management Higher Education Conference

June 2-5, 2008

Location: Emmitsburg, Maryland

For more information please visit:

<http://training.fema.gov/emiweb/edu/educonference08.asp>

Upcoming Exercises

SoundShake 2008 Debrief – March 27, 2008 - King County RCECC

- Seattle & King County Public Health, Long Term Care, Vulnerable populations, and Behavioral Health organizations all participated in SoundShake 2008 on March 5, 2008. The Public Health EOC and RMRC merged in the PH EOC to support the play of ESF-8. Many Lessons were learned about communication, flow of information thru the EOC, and production of situation status updates. A Regional debrief for ESF 8 will be held March 27th to collect all lessons learned from the broader healthcare system. For more information contact Danica Mann at danicamann@overlake.org

DOH SNS Full Scale Exercise – November 17-19, 2008

- King County has been selected as the site for the 2008 SNS full scale exercise. Scope of play, scenario development, design team members and players are currently being identified. The exercise will take place November 17-19, 2008. For more information contact Whitney Taylor at whitney.taylor@kingcounty.gov
- Public Health - Seattle and King County has released the After Action Report from the **Pandemic Influenza Mass Fatality Management Tabletop Exercise** that was held January 10, 2008. To request a copy please contact Whitney Taylor, Training and Exercise Coordinator with Public Health - Seattle & King County at Whitney.Taylor@kingcounty.gov

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